Asthma Action Plan/Medication Consent Form

Student Name:_____Teacher/Grade:_____

Triggers that might start an asthma episode for this student: (circle)

Exercise	Animal Dander	Cigarette Smoke, strong odors	Respiratory Infections
Pollens	Temperature Changes	Foods_____	Emotions (ex. when upset)
Molds	Irritants (ex. chalk dust)	Other_____	

MEDICATIONS (please list all taking)		
	Name of Medication	Instructions for use
Controller Medication		
Rescue Medication		

EMERGENCY CARE	
If you see coughing, wheezing, complaining of tight chest or difficulty breathing:	1. Administer inhaler if available. 2. If no inhaler available, notify nurse, if nurse is present or call parents. 3. Notify parent if student reports no improvement in breathing.
If medication is not helping, breathing is hard & fast, nose opens wide, cannot talk, student has panicked look:	1. Notify parent immediately. 2. Notify nurse, if present. 3. Call 911 if unable to contact parent.

Field Trips: Asthma medications and supplies must accompany student on all field trips. Staff members must be instructed on correct use of the asthma medication and bring a copy of the Asthma Action Plan.

1. Parent to Contact_____
   Phone number(s)_____
2. Other person to contact in Emergency_____
   Phone number(s)_____

I request that the trained designee allow my child to take, or administer my child the medication, as directed above. I authorize the release and exchange of health information from the above health care provider to RiverStone Health and the School. This consent is valid for the current school year. A health care provider's signature will be required for all prescription medication use (longer than two weeks, and as requested by the School Nurse).

Signature of Parent/Guardian Date Phone

Signature of Prescribing Health Care Provider Date Phone#/Fax#